


PATIENT PRESENTING CLINICAL SIGNS

Cleopatra McCord History: Possible GI obstruction. One month ago, had laparotomy – rent in omentum with entrapped bowel. Previous history of *Helicobacter* gastritis.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: N/A.

Great Dane Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

FS

Age

7 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

WEIGHT

110 #

Normal trigone area, proximal urethra (0.6 cm), and iliac blood vessels.

Normal iliac lymph nodes (2.2 cm). Ureters not visualized.

INTERPRETED BY

Normal renal size (left 8.8 cm, right 8.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

IMAGING PERFORMED BY
Adrenal Glands

Sonya Myers, DVM

Normal position, echogenic appearance, shape, and size. Left 0.68/0.68 cm, right 0.64 cm.

HOSPITAL NAME
Spleen

Oviedo Veterinary Care and
Emergency

Normal size (1.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

REFERRING VET
Liver

Dr Caja

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident.

INVOICE
Gall bladder

304145

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

DATE

4/20/23


PATIENT *Gastrointestinal*

Cleopatra McCord

Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.36 cm, colon 0.24 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the stomach (0.86 cm) and thickening of the duodenum (0.69 cm), no loss of layering, or distension of the lumen.

SPECIES

Canine

Pancreas
BREED

Great Dane

Normal size (left 2.6 cm, right 2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen
SEX

FS

Mesenteric lymphadenomegaly (1.2 x 2.1 cm) normal echogenic appearance and rounded shape. No ascites evident.

Age

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Hyperechogenic appearance of the mesentery surrounding the stomach and duodenum.

ULTRASONOGRAPHIC FINDINGS
WEIGHT

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Primary Findings:

- Gastroenteropathy.
- Mesenteric lymphadenomegaly.
- Mesenteric inflammation.

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM

Secondary Findings:

- None.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Caja

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastroenteropathy would be non-specific gastroenteritis (dietary indiscretion, toxins, viral), parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, granulomatous disease, *Helicobacter* gastritis, ulcerative disease, and emerging lymphoma, differential diagnoses.

Etiologies for the lymphadenomegaly would be reactive, hyperplasia, with lymphadenitis and infiltrative neoplasia less likely differential diagnoses.

Further assessment would be fecal analysis, FNA cytology of the lymph nodes, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be novel protein/hypoallergenic diet, course of fenbendazole, cobalamin supplementation, and possibly prednisolone.

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PATIENT

Cleopatra McCord

SPECIES

Canine

BREED

Great Dane

SEX

FS

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IMAGES

Stomach



Duodenum



INTERPRETED BY

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PATIENT Mesenteric lymph node

Cleopatra McCord

SPECIES

Canine

BREED

Great Dane

SEX

FS

Age

7 years

WEIGHT

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 MMedVet (Med), PhD, Dipl.
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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Sonya Myers, DVM

HOSPITAL NAME

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